



Face It Together.

**Making
Iowa communities
drug-free is up
to all of us.**

*“The mission of the Face It Together (FIT) Coalition
is to provide information, education,
and encouragement to Iowans fighting the problem
of drug use in order to build healthy kids,
healthy families, healthy communities,
and a healthy future for Iowa.”*

IOWA’S GRASSROOTS BLUEPRINT FOR ACTION

August 1998

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INTRODUCTION

A Message from the Face It Together Steering Committee

Contained in these pages is the result of nearly two years of work to develop a first-of-its-kind grassroots, community-based plan to fight drugs.

Recognizing that every State is different, the recommendations put forth here were designed specifically for Iowa by Iowans.

This blueprint for action would not have been possible without the expertise of the Washington, D.C.-based group, Community Anti-Drug Coalitions of America (CADCA). CADCA has been a partner in this process every step of the way, providing input, ideas and creativity. CADCA worked tirelessly to help Iowa in this demonstration project and we thank them for that contribution.

Upon reviewing the draft for this report, CADCA's Dr. Judi Kosterman said it best when she said, "This first-of-its-kind effort shows two things: one, that there is a need and, two, there is something Iowa can do about it."

Or, as steering committee member and foremost drug expert, Dr. Michael Abrams put it, this report provides "an unprecedented amount of information to provide a plan for Iowa and the nation for how communities can help themselves and their kids."

This template offers Iowa communities with no anti-drug program some solid direction and a reasonable place to start to build one. It's also intended to give communities who have good programs up and running some additional ideas. In many areas of Iowa the infrastructure to accomplish these goals already exists and is, indeed, eager to get to work and to involve more citizens in the effort.

WHO IS INVOLVED is what makes this coalition unique, as well as strong. The **Face It Together (FIT)** Coalition is based on the notion that the growing drug problem isn't just a "school problem." Nor is it a problem that can be solved by government alone. All aspects of society must join together—parents, kids, teachers, clergy, employers, neighbors, community leaders, workers, members of the media, school administrators, service clubs — to reverse the frightening and destructive trends.

Dr. Michael Abrams

Director of Combined Medical Specialties
Broadlawns Medical Center

Jim Aipperspach

President
Iowa Association of Business and Industry

Christopher Atchison

Director of Public Health
Iowa Department of Public Health

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Ralph Brown

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Jim Erickson

President and CEO
Anderson Erickson Dairy

Col. Michael Gardner

Counter-Drug Operations
Iowa National Guard

Senator Charles E. Grassley

United States Senator
Iowa

Leonard A. Hadley

Chairman & CEO
Maytag Corporation

Al Jennings

President & CEO
EFCO Corp.

Chuck Larson

Director
Iowa Board of Parole

Pastor Walter May, Jr.

Assistant to the Bishop
SEIA Synod-ELCA

Ron Pearson

Chairman, President & CEO
Hy-Vee, Inc.

Marvin Pomerantz

Chairman and CEO
Mid-America Group

Bob Quinn

News Director
WHO Radio

Kayne Robinson

Assistant Chief of Police
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Executive Director
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Jim Smith

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Chief Kim Wadding

Chief of Police
Newton Police Department



A Message from the Community Anti-Drug Coalitions of America



Community Anti-Drug Coalitions of America

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The Honorable Charles Grassley
U.S. Senate
135 Hart Building
Washington, DC 20510


Dear Senator Grassley:

As Community anti-Drug Coalitions of America (CADCA) seeks to accomplish its mission of “building and strengthening coalitions to reduce and prevent substance abuse and related violence” in communities across the country, it is clear that the effort and the effectiveness can be elevated to a new level through the leadership of *champions* . . . key individuals who are willing to lead. There can be no better *champions* than members of U.S. Congress who make a commitment to this issue and lend their leadership to the efforts in their home states. Senator, you have taken the lead among your colleagues to do just that.

CADCA is honored to have been able to work with you, your capable staff, and constituents to mobilize and unite the efforts across Iowa to address the issue of substance abuse through the *Face It Together (FIT) Coalition*. The response to your many town meetings on this issue throughout the state is clear indication of its importance to Iowa communities. You have demonstrated the difference leadership can make. Your experience is on we are sharing with others in every state across the nation.

The work of the *FIT Coalition's* Task Forces in developing recommendations and seeking statewide input in the areas of Media and Public Perception, Parents, Youth and Schools, Workplace and Workforce, Religious, Fraternal and Community, and Law Enforcement and the Courts, is a real launching pad for concrete, coordinated, and collaborative efforts. We are not only pleased to have provided assistance to the process, but we stand with you and your fellow Iowans now as you take the action steps you've identified. Iowa truly is “facing it together” and is creating a model to which CADCA can direct many others.

Sincerely,



Nelson J. Cooney, Jr.
President

CADCA Membership Working for You



EXECUTIVE SUMMARY

The Iowa Story

Iowa is facing a drug crisis. No longer is the heart of the Midwest known just for its tall corn, the RAGBRAI bike ride and top ACT test scores. Iowa is now considered the “methamphetamine capital” of the nation.

Take a hard look at the facts, and there can be no more denying that, together, Iowa must work on solutions. Government and schools alone can not solve the problem. The solution lies in families, churches, the workplace, and communities.

Some of those solutions are found in the plan presented in this report. They were developed by Iowans for Iowa on six task forces representing key community sectors: (1) Parents, Youth & Schools; (2) Media & Public Perception; (3) Workplace & Workforce; (4) Law Enforcement & the Courts; (5) Religious, Fraternal, & Community Groups; and (6) Medical Accuracy & Research.

To appreciate the thoroughness and consensus with which these ideas are presented, it is important to understand the exhaustive process undertaken to develop this grassroots anti-drug plan designed specifically for Iowa.

Plans for **Face It Together (FIT)** began nearly two years ago when Senator Grassley became deeply concerned about what he was hearing from Iowans about drugs, particularly methamphetamine. In seeking ways to help Iowa families who were sharing with him stories of pain and destruction, the senator learned of a grassroots-based plan initiated by Congressman Rob Portman (OH). Working with the D.C.-based group, Community Anti-Drug Coalitions of America (CADCA), Congressman Portman developed a community coalition in his district of Cincinnati which has been very successful in bringing all kinds of people together to take on the drug problem there.

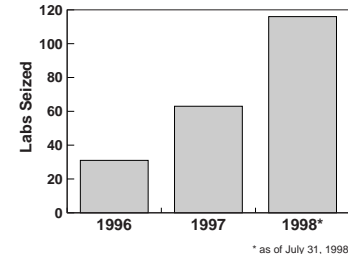
Using Congressman Portman’s plan as a model, Senator Grassley also sought the assistance of CADCA who expressed eagerness in helping him to form the first-ever statewide community anti-drug coalition blueprint.

Knowing well that many good anti-drug programs are already hard at work in Iowa, the senator sought, first of all, to bring people together. He said from the beginning, “if I can help more by staying out of the problem, then I’ll stay out of it.”

Face the Facts

- In 1997, authorities raided 63 methamphetamine labs in Iowa. That is double the labs seized in 1996, and *in the first seven months of 1998 alone, 116 labs have been seized.*

Clandestine Methamphetamine Laboratory Seizures
1996-1998



- Meth use in Iowa is TWICE the national rate, one of the highest per-capita rates in the nation.
- Treatment admissions of Iowa youth under age 18 for methamphetamine addiction increased 463 percent from 1993 to 1997, according to the Iowa Department of Public Health.
- The number of Iowa youth admitted to treatment for dependency on marijuana climbed 684 percent from 1993 to 1997.

■ Marijuana available today is much stronger than it was during the 1960's, in some cases 10 times stronger. (National Institutes of Health)

■ More than half of 12th graders have used illicit drugs, while most have tried alcohol and more than one-fifth are daily smokers. (Source: National Center on Addiction and Substance Abuse, CASA)

■ *Every child* by the time they reach age 16 will be confronted with making a conscious choice about whether or not to use drugs. (CASA)

But after bringing together a divergent steering committee made up of representatives of the business, medical, law enforcement, treatment, prevention, media, religious, school, and government communities to analyze the extent of the problem, the senator soon realized that there is indeed a role for everyone in the anti-drug effort, including political leaders.

Six task forces were established, led by steering committee members. These task forces were tasked with developing their best ideas for how to fight drug use in Iowa. The groups assembled were very diverse, as were the ideas presented.

Perhaps most notable was the meeting of the Workplace & Workforce task force. This meeting took place in the midst of the State debate on drug testing in the workplace, a tremendously divisive issue between labor and management. Even so, union representatives and some of Iowa's top CEOs and businesspeople sat around the same table at Senator Grassley's invitation to discuss an issue of concern to everyone present: drugs and safety in the workplace.

Under the leadership of task force chair, Marvin Pomerantz, the participants agreed to disagree on drug testing, and instead, focused their energies together on developing ideas with which everyone could agree. This task force reached consensus on two ideas: developing models for drug-free workplaces for different-sized companies, and using the workplace to train parents on how to be better parents. The last idea was one of the most significant solutions to come out of the entire process of building an anti-drug plan for Iowa.

After several meetings of the six task forces, **FIT** had a blueprint for action:

Media & Public Perception

Chairman, Ralph Brown, Dallas Center Attorney

1. Sponsor a media summit with national leaders to focus on the problem.
2. Seek to get local media coverage by localizing data community by community.
3. Identify or develop an Internet web site to reach kids.
4. Use the Iowa Communications Network (ICN) to a greater extent.

Parents, Youth & Schools

Chairman, Jim Smith, Iowa State Education Association

1. Distribute statewide the booklet, "Marijuana: Facts Parents Need to Know."
2. Develop a model for how community anti-drug teams could work in Iowa schools.
3. Put "drugs" on the agendas of meetings with teachers, superintendents, etc.
4. Use ICN to a greater extent to enhance substance abuse curriculum.

Workplace & Workforce

Chairman, Marvin Pomerantz, Mid-America Group Ltd.

1. Conduct parent training in the workplace with a training video.
2. Create drug-free workplace models for different sized companies.

Religious, Fraternal & Community Groups

Chairman, Dr. Jim Ryan, Ecumenical Ministries Association

1. Distribute talking points for anti-drug sermons and Sunday school curriculum.
2. Have Senator Grassley call special meetings with faith groups and enlist their help.
3. Inventory the anti-drug programs of fraternal organizations and encourage more active participation with them.

Law Enforcement & the Courts

Chairman, Col. Mike Gardner, Iowa National Guard

1. Create an inventory of existing coalitions.
2. Develop a model for how law enforcement and schools can work together.
3. Explore the opportunities for expanding the Iowa Drug Court.

■ Drugs play a key role in school violence. According to a 1998 Parents Resource Institute on Drug Education (PRIDE) study, nearly one million students, some as young as 10 years-old, carried a gun to school during the 1997-98 school year. Of these, nearly one-third used cocaine once a month or more, 32 percent used stimulants such as meth on a monthly basis, and 31 percent used hallucinogens monthly.

■ According to the same PRIDE survey, nearly two-thirds of the gun-toting students said they were monthly users of these or some other illicit drug, including marijuana, heroin, inhalants, downers, or designer drugs.

■ New prison admissions in Iowa for drug offenses shot up 815 percent between 1981 and 1987, according to the Iowa Department of Human Rights.

■ Substance abuse and addiction are deeply embedded in society's biggest problems, including crime, teen pregnancy, homelessness, AIDS, accidents, heart disease, cancer, and divorce.

■ Recent studies prove that marijuana can be addictive and is a key gateway drug. Long term studies of high school students show that very few young people use other illegal drugs without trying marijuana first. (National Institutes of Health)

■ Twenty-nine percent of high schoolers say a student in their school died from an alcohol or drug-related incident in the previous year, according to the 1997 Center on Addiction and Substance Abuse "Back to School Survey."

■ Seventy-six percent of high school students and 46 percent of middle school students say drugs are kept, used, or sold on their school grounds, according to the 1997 Center on Addiction and Substance Abuse "Back to School Survey."

Medical Accuracy & Research

Chairman, Dr. Michael Abrams, Broadlawns Medical Center


1. Urge the Iowa Medical Society to require brain addiction medicine study.
2. Encourage pediatricians to begin parental drug education at well-baby visits.
3. Collect data and create a baseline from which to measure the extent of the problem in Iowa.
4. Make drug education materials available in doctors' offices and clinics.
5. Establish an office where doctors and citizens can get the latest neuroscience information.

While **Face It Together** now had a blueprint for action, it had been reviewed in its entirety only by the 16 members of the steering committee.

Public input was needed. So, Senator Grassley hit the road in April and July holding 21 town meetings during which he handed out a survey on the **FIT** recommendations, asked for suggestions, and listened to story after story of anguish and destruction.

What the Senator learned at the town meetings was shocking and confirmed for the statewide coalition the critical need for **FIT** to move forward. At most meetings — even in an auditorium in Waterloo — there was standing-room-only. Literally thousands showed up. Many were parents and others who had family members caught up in the web of drug use. Many were kids who were recovering. Some were citizens frightened by the growing meth lab seizures in their communities. Many were at a loss, wanting to act, but not sure how. All were desperately looking for help.

Consider what the senator found in one community where the town meeting was held in a school: hundreds of kids showed up; so did many of their angry parents circulating a petition for school administrators to face up to the drug problem. These parents were frightened and enraged that drugs had infiltrated the school, its hallways, parking lot, and locker rooms. The disturbing irony is that while the meeting took place in the school auditorium, school administrators did not even attend.



What the senator learned during these 21 town meetings is that every community is hurting in its own way. Every town has a different level of acceptance of their drug problem, faces obstacles unique to their community, and must seek specific solutions that fit for them.

Wanting still more feedback on the **FIT** plan, the survey was also mailed to more than 2,000 Iowans, including family physicians, political leaders, ministers, and others.

Since mayors are at the hearts of their communities, all Iowa mayors were surveyed as well. Of those that responded, more than 83 percent said their community has a drug problem, yet more than 60 percent said their community has no organized coalition to fight the problem. The majority indicated that methamphetamine, marijuana and alcohol are the drugs of choice in their towns.

The process of gathering public input through town meetings and surveying provided invaluable information. Overall, Iowans overwhelmingly support the idea of involving more citizens in the fight against drugs. And the ideas presented, on average, received high marks.

The coalition approach is viewed by many as the “only way” to get a handle on the escalating problem. As one person at a town meeting in Mason City told Senator Grassley, “Our families are hurting. Our police, teachers, and treatment counselors are burned out. They can’t do it alone. We need citizens at every level to engage because there’s no such thing anymore as a ‘good family’ or a ‘drug-free workplace.’ Everyone is, or soon will be, touched by this. You’re giving us good starting point. Then it will be up to us to stand together or fall together.”



SURVEY OVERVIEW

In general, the surveys on the **FIT** plan indicated that the community coalition approach is the right one. The specific task force ideas also received very high marks on average and indicated an overall strong anti-drug plan for Iowa. Most of those surveyed indicated that they were supportive of this type of effort going forward.

“The community coalition approach is the answer. Drug use is not just a problem for the schools, we need everyone working together to win this.”

In addition, while most felt we were on the right track, many responses suggested that alcohol be specifically included. Many respondents indicated alcohol is “the first and the worst” problem. Notably, while there were one or two comments on tobacco, alcohol and illegal drugs were seen as the larger problem.

There were a few survey responses that felt we were on the wrong track. While most limited this to one or two sections, some criticized the entire effort.

“There are too many ‘programs’ all ready.”

“This seems to focus on kids too much. As a teenager myself, I think adults are just as much of a problem, if not more. All the teenagers I know who do drugs get them from adults, even teachers. I know a greater number of adults who do drugs than kids.”

Some of these are legitimate concerns, and need to be kept in mind as the **FIT** Coalition goes forth. We should not create “just another program.” From the beginning, the coalition has acknowledged that there are a number of good programs already up and running. However, in many areas there is no program, or the efforts that are in place lack the resources or ideas to reach the people who need it most. Over and over again, Iowans said that new energy and attention is needed to engage the entire community, not just the people who have been fighting this fight alone for too many years.

As each task force develops its implementation plans from the survey results, these criticisms will need to be kept in mind.

Survey Explanation

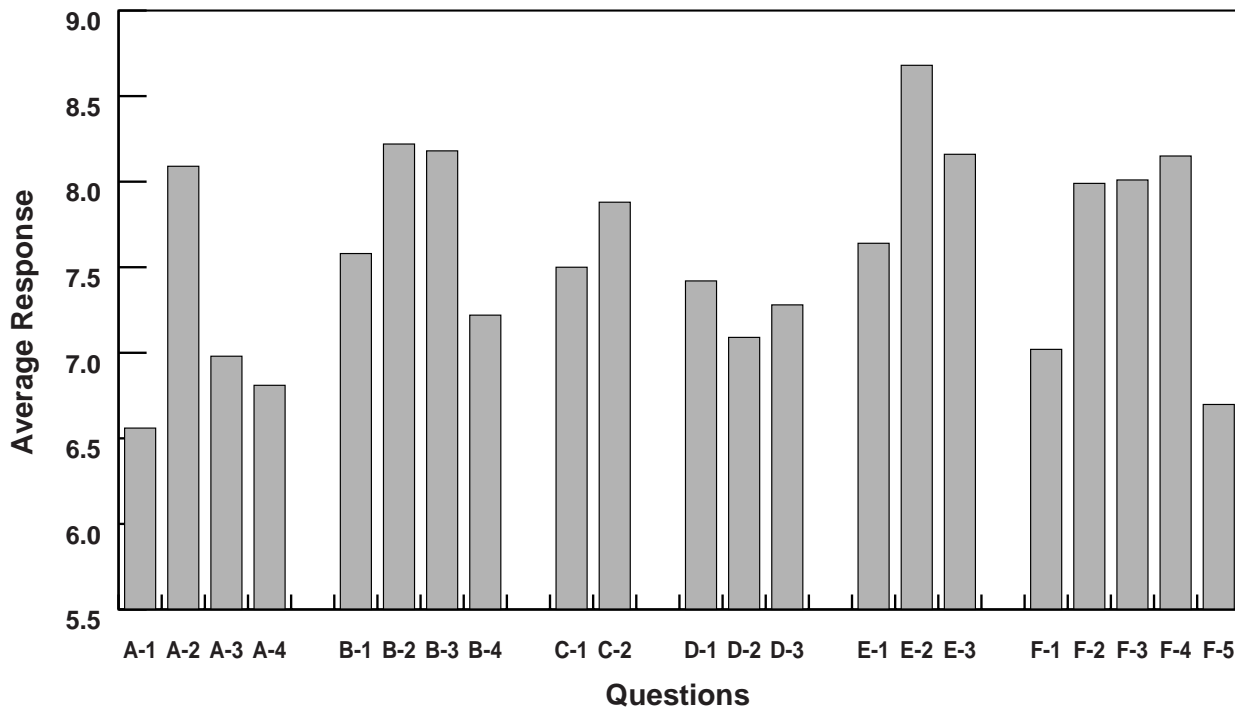
The survey asked people to rank, from one to ten, with one being the least important, and ten the most, how they felt about possible goals suggested by each of the six task forces. This section includes charts comparing the average results of each category for each question. The higher the average response, the more important or possible the task force goal was rated.

Who was surveyed?

In addition to the persons attending the 16 anti-drug town meetings held across Iowa in April and the five meetings July, the survey was also mailed to more than 2,000 persons, including

- churches from the Ecumenical Ministries of Iowa
- the Iowa SAFE Communities program directors
- Iowa members of National Association of Alcoholism and Drug Counselors (NAADAC)
- Iowa members of the Employee Assistance Professionals Association (EAPA)
- regional directors and members of the executive board of the Iowa State Education Association (ISEA)
- doctors from the Iowa Association of Family Physicians
- the Iowa Congressional delegation
- Members of the Iowa Senate and House
- All Iowa mayors (Iowa League of Cities)

Respondents' Views on "Importance" of Recommendations



A. Media & Public Perception (MPP)

- A-1 Sponsor a media summit with national leaders to focus on the problem.
- A-2 Seek to get local media coverage by localizing data community by community.
- A-3 Identify or develop web site to reach kids.
- A-4 Utilize ICN to a greater extent.

B. Parents, Youth & Schools (PYS)

- B-1 Distribute statewide the booklet, "Marijuana: Facts Parents Need to Know."
- B-2 Develop a model for how community anti-drug teams could work in Iowa schools.
- B-3 Put drugs on the agendas of meetings with teachers, superintendents.
- B-4 Use ICN to a greater extent to enhance substance abuse curriculum.

C. Workplace & Workforce (WWF)

- C-1 Conduct parent training in the workplace with a training video.
- C-2 Create drug-free workplace models for different sized companies.

D. Religious, Fraternal & Community (RFC)

- D-1 Distribute talking points for anti-drug sermons and Sunday school curriculum.
- D-2 Have Senator Grassley call special meetings with faith groups to enlist their help.
- D-3 Tap Fraternal organizations for their anti-drug programs.

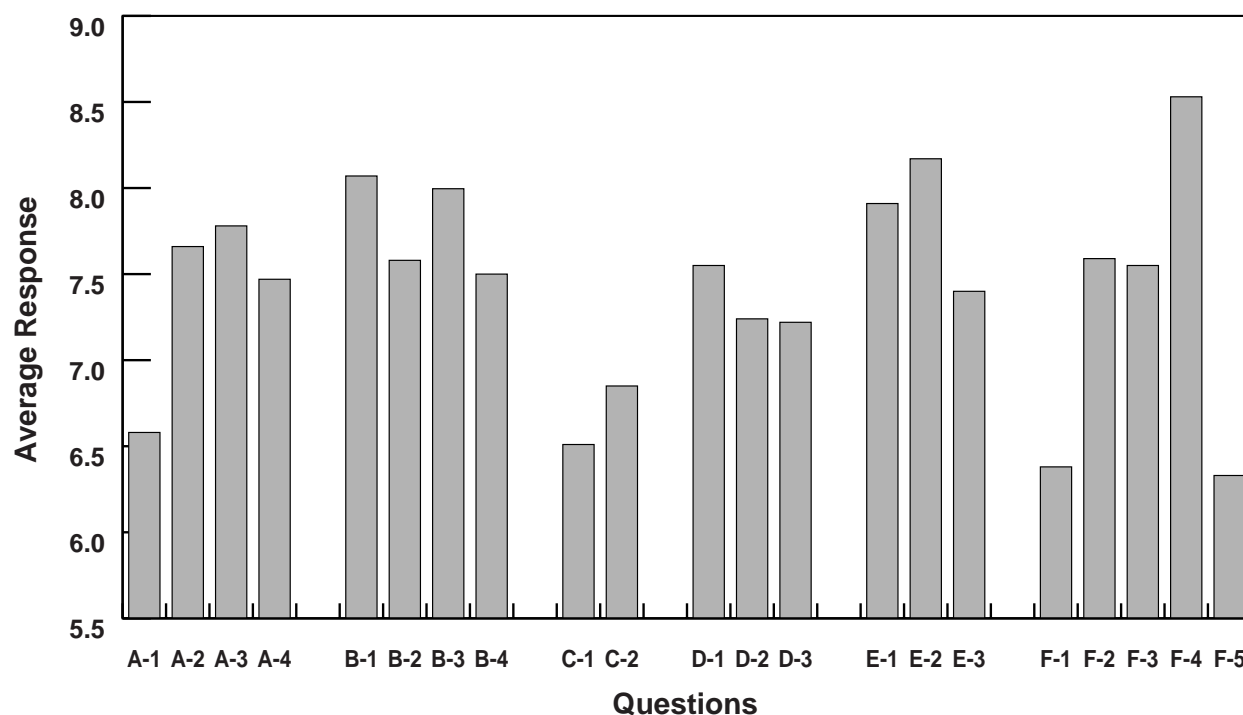
E. Law Enforcement & the Courts (LEC)

- E-1 Do an inventory of existing coalitions.
- E-2 Develop a model for how law enforcement and schools can work together.
- E-3 Explore the opportunities for expanding the Iowa Drug Court.

F. Medical Accuracy & Research (MAR)

- F-1 Urge the Iowa Medical Society to require brain addiction medicine study.
- F-2 Encourage pediatricians to begin parental drug education at well-baby visits.
- F-3 Collect data and create a benchmark to mark the extent of the problem in Iowa.
- F-4 Make educational materials available in doctors' offices and clinics.
- F-5 Establish an office where doctors and citizens can get the latest neuroscience information.

Respondents' Views on "Feasibility" of Recommendations



A. Media & Public Perception (MPP)

- A-1 Sponsor a media summit with national leaders to focus on the problem.
- A-2 Seek to get local media coverage by localizing data community by community.
- A-3 Identify or develop web site to reach kids.
- A-4 Utilize ICN to a greater extent.

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- F-4 Make educational materials available in doctors' offices and clinics.
- F-5 Establish an office where doctors and citizens can get the latest neuroscience information.



COMMENTS, IDEAS, AND RANKINGS BY TASK FORCE

An analysis of the importance vs. the feasibility of each of the task force proposals follows, along with some comments that were added to the surveys or expressed in the town meetings. This is a further breakdown of the feedback we received from the surveys. For instance, a recommendation that may have been identified as very important overall, may also turn out to be the least feasible of all the proposed goals.

Throughout this section are comments emphasizing the critical inter-connection between each of the task force areas. Indeed, this connecting and bringing together is the very basis of the **FIT** Coalition.

“Every school in Iowa should have a media literacy curriculum. Youth are bombarded daily with thousands of sophisticated images geared toward encouraging risky behavior.”

“If we aren’t reaching parents through the schools anymore, let’s use the workplace to reach them.”

Whether it is encouraging schools to provide better education about how to make decisions about what is seen on television, or it is encouraging fraternal organizations and churches to do more to promote anti-drug activities, it is important to look at the connections of how these groups can be supportive of each other.

Media and Public Perception

The survey indicated that finding and distributing localized data is the most important of the four recommendations. We know that the survey of drug use in Iowa (conducted by the Iowa Department of Public Health every three years) includes a breakdown by school district; however, the access to and distribution of this information is currently limited by the logistics hurdles common for this volume of information.

“Local statistics would shock people out of their denial.”

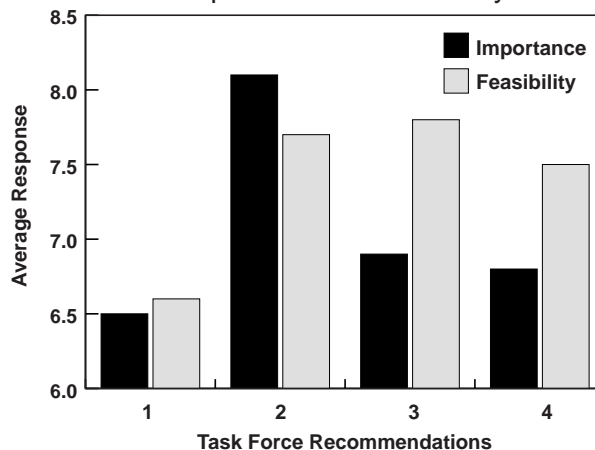
The difference in preferences was most notable in the recommendations of this task force, for while encouraging local media coverage by localizing data was seen as one of the most important, the other three recommendations were viewed as the least important in the overall survey. There were some written comments that indicated we should look at the method of delivering our message.

“Run a series of anti-drug commercials on public TV aimed at children of school age. Air these around children’s TV programs in the late afternoon.”

There were also some criticisms of existing coverage of the drug issue. Some expressed a belief there is a fine line between reporting on a problem and advertising a drug.

“Our local newspaper reported use of Jimson weed (a.k.a. “loco-weed” or “ditch weed”)— informed where to find it and how the teens were using it. Of course, following the article there was an increase in use by teens and the majority of these were admitted to the pediatric unit where I work.”

Media & Public Perception Importance vs. Feasibility



- 1 Sponsor a media summit with national leaders to focus on the problem.
- 2 Seek to get local media coverage by localizing data community by community.
- 3 Identify or develop web site to reach kids.
- 4 Utilize ICN to a greater extent.

Some felt that the media in general was the least effective place where we could spend our efforts. They were balanced by those who felt this was the most important area, and believed that the task force proposals (for advertising) didn't go far enough.

One of the recurring themes that was mentioned at the town meetings was the important role personal testimonies should play when no-use messages are developed.

“Recovering addicts/ alcoholics need to have a prominent role in any media summit, not just community, state and national leaders.”

Teens who participated in the town meetings made this point numerous times. Hearing about the personal experiences that a peer has gone through with drugs would be taken much more seriously than even a story from a recovering adult, they said.

“Kids need to hear from kids about how devastating drugs are.”

“When older recovering addicts speak to teens, it is too easy for them to say, ‘Well, he used, and now he’s O.K., so I can too.’ A message to kids must be one that they can relate to and that they cannot dismiss.”

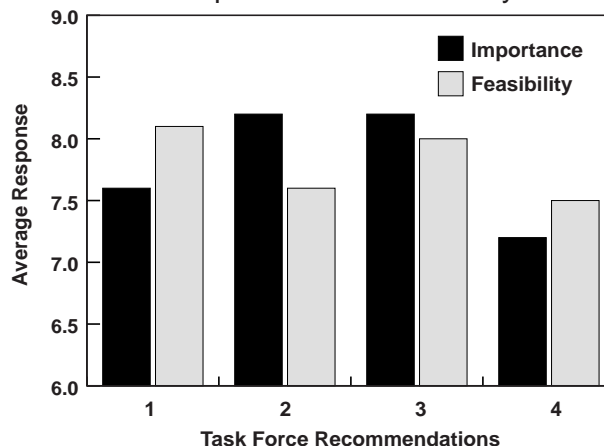
“Messages from kids to kids that shake them up and scare them straight are the only ones that will work.”

Parents, Youth, and Schools

The survey results identified the need to develop a model for how community anti-drug teams could work in Iowa schools as the most important task force recommendation. Putting drugs on the agendas of meetings with teachers, superintendents, and others was a close second.

Over and over again, respondents emphasized the important role of parents in communicating a clear message to their children. They also said, however,

Parents, Youth, & Schools Importance vs. Feasibility



- 1 Distribute statewide the booklet, "Marijuana: Facts Parents Need to Know."
- 2 Develop a model for how community anti-drug teams could work in Iowa schools.
- 3 Put drugs on the agendas of meetings with teachers, superintendents.
- 4 Utilize ICN to a greater extent to enhance substance abuse curriculum.

that sometimes the most difficult part is finding a way to reach parents with that message.

“How do we do a reality check for parents? We never think it will happen to us.”

When parents are engaged in the education of their children, children are much less likely to try drugs, many respondents said. This is backed up by fact. Recently, the Parents Resource Institute on Drug Education (PRIDE) released a survey that looked at the important role that parents play in determining the drug use of their children. The survey showed that drug use was 32 percent lower among students who said their parents talk to them “a lot” about drugs, when compared with children who reported their parents “never” talked to them about drugs.¹

“Parents are the key. We have to get to parents.”

The critical importance of the role of parents was the most common theme throughout the meetings of the coalition, as well as in the survey responses and at the town meetings. The role of parents and how to reach them is discussed in the Workplace and Workforce, Religious, Fraternal, and Community, and the Medical Accuracy and Research task force recommendation sections.

While not addressed directly by any of the task force recommendations, there was a lot of discussion in the town meetings about the role of the DARE (Drug Abuse Resistance Education) program in schools.

“We have to target younger kids (as young as preschool) and keep the anti-drug education going through high school.”

Some questioned the value of this program, but most believed the program was effective for its audience of 10 and 11 year-olds. Many felt, however, to increase its effectiveness, the program needs to be expanded to older and younger students.

“Show kids the hard facts about drugs and start [the] DARE program earlier and extend the duration of it.”

“Continue programs like DARE throughout middle school, and high school, when they would help the most.”

While schools have long participated in drug education and drug prevention activities, many felt more could and should be done in this area. Drug sniffing dogs, drug testing of teachers, and expanded education were all mentioned as possible ways to deal with this problem.

“Make drug checks in the schools mandatory. Children should have at least one place they can go and be free of drugs.”

“Use drug dogs in schools.”

“Have mandatory random testing of school staff. Too many teachers are users.”

The last comment, made by a high school student, is particularly disturbing. Teachers are often seen as role models for students and the community. In considering drug testing, it is important to keep in mind the recent activities of the 1998 state legislative session. After much wrangling, the Iowa legislature passed a workplace drug testing bill that included some exceptions for public employees. It is important to note that the implications of law are still being explored.

Mentoring—especially child to child mentoring—was another popular suggestion at many of the town meetings.

“Use older kids to mentor younger kids.”

Mentoring was often mentioned as something that should be implemented to develop a positive environment for children, both in and out of school to help deal with negative peer pressure.

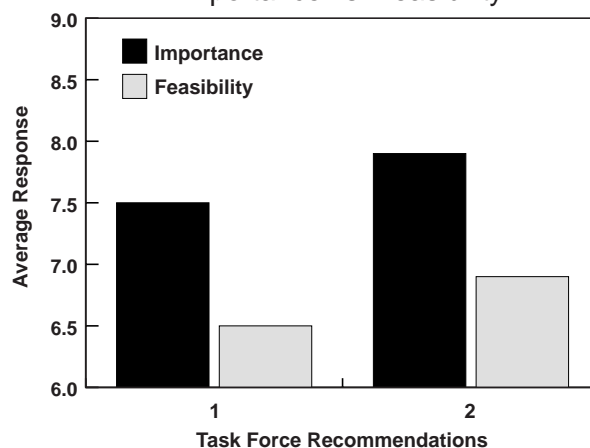
Workplace and Workforce

Interaction between the Workplace and Workforce task force proposals and the proposals from the other task forces was the most dynamic. Of the two Workplace and Workforce proposals, creating drug-free workplace models for different-sized companies was seen as both the most important and most feasible proposal.

But many saw using the workplace to reach parents as an excellent idea.

“The drug problem isn’t only with children, but with parents, too. Many parents do drugs with their kids. Let’s get them when they are a captive audience—while they are at work.”

Workplace & Workforce Importance vs. Feasibility



- 1 Conduct parent training in the workplace with a training video.
2 Create drug-free workplace models for different sized companies.

A common complaint heard from schools is the difficulty of getting parents involved. While more and more is expected of the schools, the communication link between parents and schools increasingly is fragmented and weak, some said.

“It’s not working to get to parents through the schools anymore we have to reach them through the workplace.”

How to talk to kids about drug use was only one of the ideas mentioned by this task force.

“...also use certified prevention specialists to provide training in substance abuse.”

Educating managers and business owners about the signs of drug use among employees, as well as actions that can be taken when confronted by this situation was also discussed. Some suggested that an employer may be reluctant to confront an employee about his drug use if he is an otherwise productive employee.

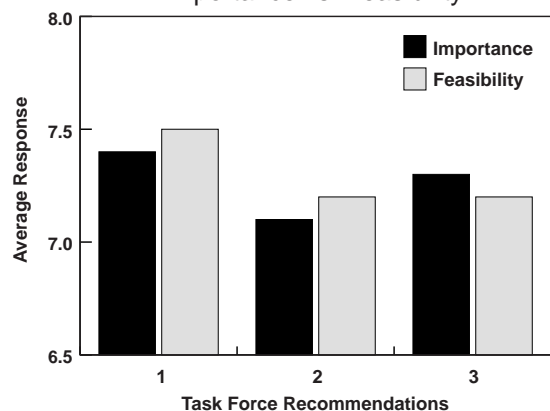
Awareness of treatment and support organizations, such as Alcoholics Anonymous, may make it possible to keep an otherwise productive employee from having to be fired for an addiction.

These concerns should be addressed by the coalition when developing a drug-free workplace model. Drug use will cause harm not only to the individual, but to all those who touch the individual’s life. Workplace safety and family stability are both jeopardized when an employee abuses drugs— and when an employer fails to take action.

Religious, Fraternal, and Community

The most important action that the Religious, Fraternal, and Community task force could pursue, according to the surveys, is to distribute talking points for anti-drug sermons and Sunday School curriculum. It should be noted that convincing area churches to set aside one service a year for an anti-drug message was one of the successful ideas implemented by the Portman Coalition.

Religious, Fraternal, and Community Importance vs. Feasibility



- 1 Distribute talking points for anti-drug sermons and Sunday School curriculum.
- 2 Have Senator Grassley call special meetings with faith groups to enlist their help.
- 3 Tap fraternal organizations for their anti-drug programs.

“Anti-drug sermons are a great idea. I’ve never heard this message in my church and it’s a reality of daily living these days.”

Certainly, religious values have historically been in the forefront of social change. Many of these task force members have seen first-hand how drug use can destroy a person, a family, a community. Some congregations are working to help those who have become addicted, and others provide meeting space or other resources for anti-drug or after-school activities. But as a force in the fight against drug abuse, the task force agreed that the religious community is an untapped resource that the coalition should motivate.

Alternatively, many surveys mentioned that some fraternal organizations currently have anti-drug programs, but with little or no coordination with other efforts within the community. The survey responses encouraged the tapping of fraternal organizations for their anti-drug programs as another community resource that is available but often underused.

“These groups [fraternal organizations] could really help by providing youth activities.”

The Elks, the Lions, and Rotary— just to name a few— all have drug education programs that local branches can implement.

Many of these groups currently have or participate in many different activities in their communities to provide programs or services for youth. The addition of an anti-drug message has great potential, and task force members and citizens surveyed concurred that having respected members of the community and community organizations stress the importance of maintaining a drug-free lifestyle could be very effective.

Some community organizations work to provide mentoring opportunities to youth. Although none of the recommendations dealt specifically with mentoring or mentoring programs, because of the number of citizen comments and recommendations, **FIT** felt it was important that it be included in this report.

“Increase the use of mentors. Have the goal of matching all high-risk students with a responsible, caring adult.”

The Boy Scouts, Girl Scouts, Boys and Girls Clubs, 4-H programs, and other similar community organizations provide mentoring opportunities to educate their members. These groups provide another forum outside of the traditional classroom setting for children to learn about the world around them, and provide an excellent opportunity to talk about drug abuse, both about the dangers and how to deal with peer pressure.

“Peer group leaders [are needed] to discuss drug abuse, what it does and that drug use is not cool. Peer groups have tons of importance among teens and preteens.”

Provided leaders have good anti-drug information available, it was felt that this is an ideal environment to promote discussion about drug use among teens. The **FIT** Coalition could provide this information.

Law Enforcement and the Courts

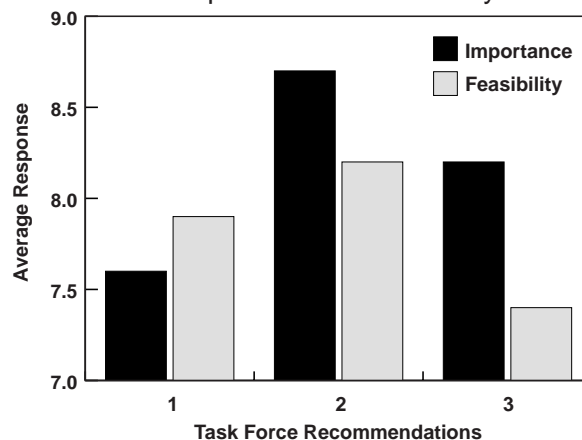
Despite all of the programs that are currently available, it is apparent from the survey results that developing a model for how law enforcement and schools can work together is the most important project the coalition should work on. Almost 50 percent of the returned surveys rated this suggestion a “10,” ranking this proposal as the most important in the entire survey.

It is important to note that there currently are many different programs in place that work to do exactly this. DARE is probably the most well-known, although there are many similar programs established throughout the state.

However, the effectiveness of current programs was questioned by the participants. Most of these comments pertained to the DARE program. While many felt that DARE works for fifth graders who are in the program, it should be expanded to include both younger and older students.

“About the DARE program— I’ve worked with kids who are substance abusers [and all of them] went thru the program. Use that money elsewhere.”

Law Enforcement & the Courts Importance vs. Feasibility



- 1 Do an inventory of existing conditions.
- 2 Develop a model for how law enforcement and schools can work together.
- 3 Explore the opportunities for expanding the Iowa Drug Court.

While the comments were generally supportive, many suggested that a good DARE program is difficult to maintain. Often its effectiveness is determined more by the personality of the DARE officer than by any curriculum that is established.

“Too many school liaison officers are viewed as threats by the kids. These officers need to be approachable and then they can be a great resource.”

Clearly, the intersection between schools and law enforcement should be a priority for **FIT**.

Many citizens made complaints about the speed of prosecutions for drug-related crimes. With the rapid influx of drugs— and therefore drug-related crime into Iowa— the task force may want to look at what other states who have faced similar rapid increases have done to deal with these difficulties. If nothing else, the comments made clear the importance people place on having prompt and adequate punishment for anyone associated with trafficking illegal drugs.

“Make penalties tougher and more uniform. Too many think they will get off easy (like a friend).”

Several law enforcement officials participated in the town meetings, and all who spoke mentioned the importance of community involvement. Some surveys also highlighted the need for greater community involvement in support of law enforcement.

“Communities need to do more to back up law enforcement. We need more citizen reporting of suspicious activity.”

However, participants at two different town meetings complained that it seemed their reports to the police were never acted upon. Many felt that some of these complaints could be addressed by fostering better communication between law enforcement and the public.

Much of the discussion at both the town meetings and in feedback through the surveys indicated that while the community could do more in support of

law enforcement, some education of the law enforcement community was also important.

“Law enforcement needs to learn about brain addiction and work towards getting first-time offenders into treatment.”

The comments here clearly indicated the need for an effort like **FIT** to support ongoing anti-drug efforts and to help foster increased and better communication.

Medical Accuracy and Research

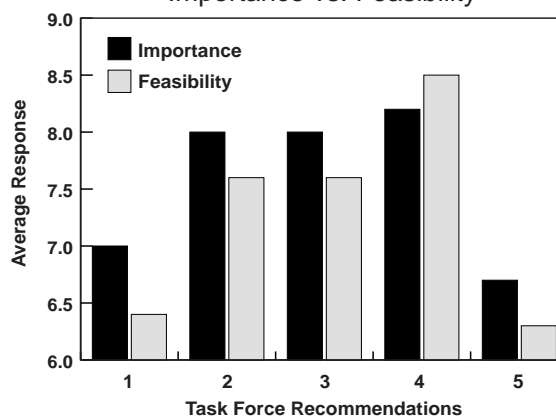
Making educational materials more available in doctors’ offices and clinics was not only ranked as the most important proposal from the Medical Accuracy and Research task force, but respondents also thought this was one of the most feasible of all the proposals.

“Having family doctors make family education a priority is an excellent idea as many kids trust and respect their doctor.”

Clearly, there is a great, untapped opportunity here. Doctors talk to their patients about what they are eating, how much they are exercising, and many other aspects of daily life. Taking part of this time to

Medical Accuracy and Research

Importance vs. Feasibility



- 1 Urge the Iowa Medical Society to require brain addiction medicine study.
- 2 Encourage pediatricians to begin parental drug education at well-baby visits.
- 3 Collect data and create a benchmark to mark the extent of the problem in Iowa.
- 4 Make educational materials available in doctors’ offices and clinics.
- 5 Establish an office where doctors and citizens can get the latest neuroscience information.

warn parents of the need to talk to their children about the dangers of drugs, or to talk to a teen about how much damage drugs can do to the body, could be a very effective way of educating people.

“Work through the Visiting Nurse’s Association to educate parents when they get their children immunized.”

We know that currently there is no required substance abuse awareness class that doctors must take as part of their education. This task force felt that too often doctors do not look for or recognize the signs of drug use in their patients. While some medical schools are beginning to address this discrepancy, more can be done.

One of the important observations made by the task force was a need for a change in the way people think about brain addiction. How people consider addiction affects how they respond to those who have a brain addiction – that is whether we act to protect our youths’ brain/neuro/life from drug use or punish them for the consequences.

“We need to change America’s thought process to brain addiction disease and leave substance abuse/use as old, out of date terminology.”

Testimony at a hearing held by the Senate Caucus on International Narcotics Control in Cedar Rapids in April defined substance abuse not as a choice but as a brain-changing illness. Because using drugs physically changes the brain, it should be thought of as a disease, like polio or diabetes. This means that treatment should not be thought of as a one-time event, but as a public health disease phenomenon.

In addition, the knowledge about addiction and the way different drugs affect the brain is rapidly expanding. The National Institute of Drug Abuse (NIDA), along with many other researchers, including task force Chairman Dr. Michael Abrams, have made many rapid advances in the understanding of how the brain is affected by drug use. These findings have important implications in treatment methods and practices, but are only useful if there is a distribution of the knowledge to practicing physicians as well as patients, as this task force recommends.

¹ 1997 PRIDE questionnaire results, released June 18, 1998. Parents Resource Institute on Drug Education (PRIDE).



MAYORS: A RESPONSE FROM THE FRONT LINES

Because mayors are at the hearts of their communities, **Face It Together (FIT)** felt it was important to have some feedback from the mayors of Iowa. These political leaders are on the front lines, and have seen close-up the damage that drugs can do to a community: increased crime, increased social tensions, a higher level of violence, more problems in schools. Many of these serious problems trace back to either the use or the presence of illegal drugs. Mayors must address these difficult issues every day. As Retired General Barry R. McCaffrey, the current Director of the Office for National Drug Control Policy said in his remarks before the National Conference of Mayors in January, “Mayors are the heart and soul of the National Drug Strategy.”

The coalition is very much in agreement with this sentiment. Because every community faces a unique challenge in attacking this threat, how mayors view the threat to their community is essential to know if a response is going to be developed.

The coalition sent a survey to all 947 mayors in Iowa.² They received both the overall task force recommendations survey, and also a second survey specific to mayors. By asking these additional questions, the coalition learned more about how mayors view the drug problem in their communities. Nearly 10 percent of the mayors responded.

“I think every community in the State of Iowa has some kind of drug problem.”

Most notably, while more than 83 percent of mayors acknowledged they have a drug problem in their community, less than 35 percent of the communities currently have an anti-drug coalition. There is a clear opportunity here for **FIT** to provide assistance and information to the mayors and communities who want to form coalitions. A summary of the survey results are shown in the charts on the next few pages.

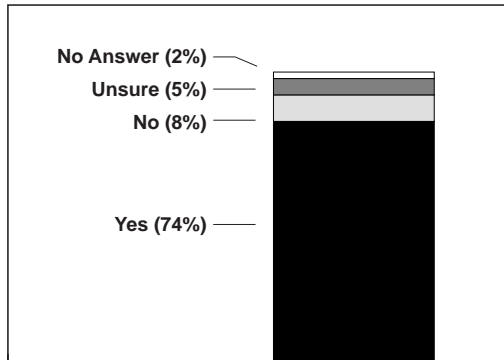
The thoughts and suggestions from the mayors were taken into consideration when evaluating the rest of the survey, but the role they will have in implementing these suggestions is going to be key as we work to face this difficult problem in Iowa.

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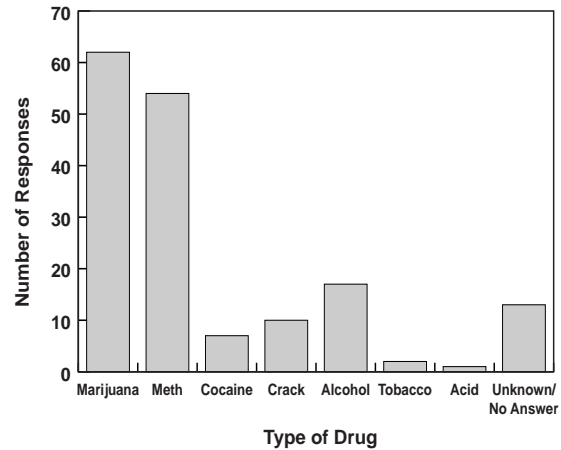
² One office was vacant at the time of the mailing. There are 948 cities in Iowa.

Responses to Mayors' Survey Questions

Is there a drug problem in your community?

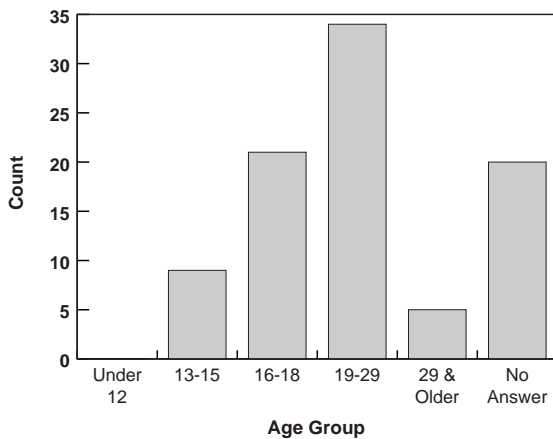


What is the drug of choice in your community?

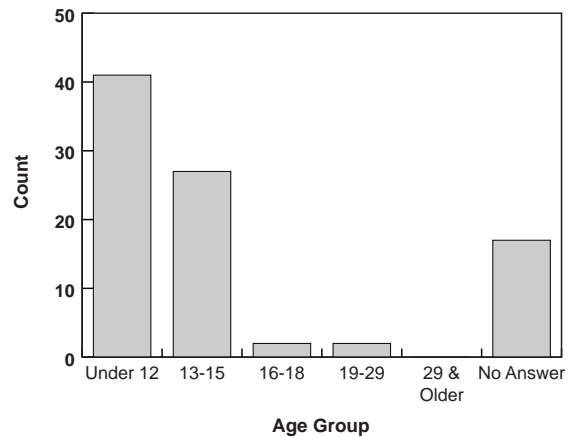


“We live in a large metro area— with a tremendous amount of interstate traffic. As a smaller community, we fight as much as we can, but we just don’t have the people power.”

In what age group is the drug problem most prevalent?

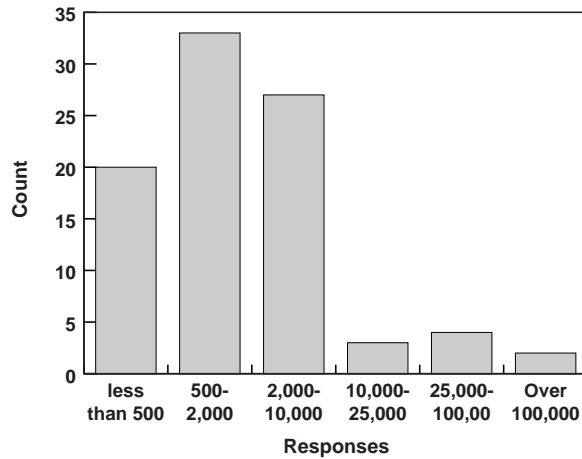


At what age group should prevention efforts be targeted?



Responses to Mayors' Survey Questions

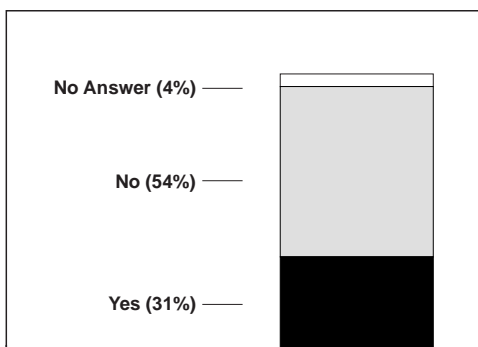
How large is your community?



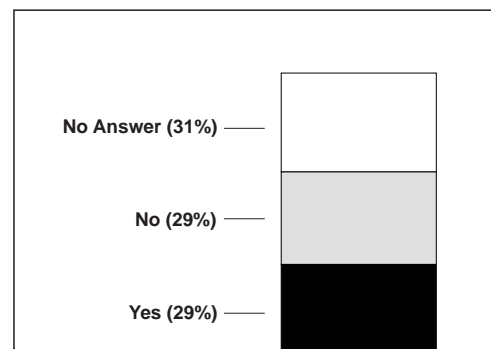
"I feel a citizens group organizing [a coalition] would have more impact."

"I believe we have good awareness and police involvement, but no coalition."

Does your community have an organized anti-drug coalition?



Would you be interested in organizing one in your community?





GENERAL COMMENTS ON THE SURVEY

This survey was not constructed to be a scientific opinion survey of the entire state. Those surveyed had either expressed a concern about drug use in their communities, were involved in demand reduction or treatment activities, or were leaders in their communities and in a position to judge both what was important and feasible.

Givens: In an effort to keep uniformity in the survey results, some assumptions must be kept in mind:

- Some survey respondents did not answer every question. If respondents did not answer the question, no number was entered.
- Calculations were done on total responses received, on a per question basis, not on total surveys received. Therefore, the total number of responses may vary question to question.
- If a survey included only comments and not numbers, no number was entered.
- Some answered with a range (eg. 6-8) instead of a specific number. If respondents gave a range, the lower number was used. Therefore, the most pessimistic view was taken.
- Many responses included comments. These comments have been incorporated into the overall analysis.

Strengths: The surveys were anonymous, which should mean those responding were more open and candid with their responses. Only those who contacted the coalition and asked for a reply were followed up with, and then only if a method of contact was provided.

The ideas presented and the survey results give the coalition and any interested community ideas for where to start in the fight against drug use, as well as a means for prioritizing those ideas.

Weaknesses: This survey was not perfect. Weaknesses in the survey included the unintentional lack of a blank for a response for the fourth question in the Media & Public Perception section on some surveys. Also, more or better definitions could have been provided for abbreviations, such as ICN, (Iowa Communications Network, also known as the Iowa Fiber-Optic Network) or for the two different categories (“Importance” and “Feasibility”).

Despite these difficulties, helpful conclusions can be drawn from the results. In each of the categories, a preferred choice of action (most important) could be identified. This is best illustrated by the responses to the Media and Public Perception task force recommendations.

The ideas presented and the survey results give the coalition and any interested community ideas for where to start in the fight against drug use, as well as a means for prioritizing those ideas.



CONCLUSION: HOPE FOR THE FUTURE

The incidence of drug addiction can be reduced, but it will only happen if Iowans face it together. We are at a critical crossroad. The decisions and actions of individuals — parents, teachers, ministers, employers, kids, neighbors — will determine the future of our young people. Everyone wants to make Iowa schools, neighborhoods, and communities safe again. But, taking those individual steps — one at a time — is the only way to build the foundation necessary to achieve success over the powerful pull of negative peer pressure and the lure of substances.

The first step is one all Iowans can take together. It is to develop an individual and community mindset and consensus that drug use will not be tolerated.

The second step is to start a community coalition if one does not already exist. Several resources exist to help, including:

Face It Together and the Office of Senator Chuck Grassley, 202/224-3744
Iowa's **SAFE Communities Program**, 515/281-5593

More resources are listed in appendix C.

Finally, we all need to do what we can to help kids. Parents are the key, but grandparents, neighbors, teachers, and employers can all play a critical role.

Our best hope for the future— and the good news in all this— is that parental and adult involvement CAN make a difference.

The 1998 PRIDE survey found that drug use was 32 percent lower among students who said their parents talked with them “a lot” about drugs compared with students who said their parents “never” talked to them about drugs.

This is one of the fundamental purposes for **Face It Together**— to turn up the volume on the message to kids that drugs are a dead-end. So, where do we go from here? Now that **Face It Together** has a blueprint for action, the next step is to remove the project from government. Under Senator Grassley's leadership, **FIT** got to this crucial point, but now to really tackle and accomplish the goals set forth in this report, **Face It Together** must evolve into a non-profit organization.

This not-for-profit, independent entity will execute the ideas expressed here, carrying on the work already begun in connecting and joining Iowans together in the mission “*to provide information, education and encouragement to Iowans fighting the problem of drug use in order to build healthy kids, healthy families, healthy communities, and a healthy future for Iowa.*”

Parents are Paramount

- Get involved in your childrens' lives.
- Help them with their homework.
- Attend their extra-curricular activities.
- Involve them in church activities.
- Sit down and have dinner together...with the TV off.
- Spend time with your children and their friends.
- Speak openly and often with kids, teaching them that drugs are harmful.
- Educate yourself about the causes and signs of use. The world of addiction has vastly expanded for today's kids to include more and stronger drugs than were available in the 1960s and 70s.



APPENDIX A: SURVEY RESULTS BY TASK FORCE

In April, June, and July of 1998 Senator Grassley held 21 town meetings on behalf of the **FIT** Coalition. At these town meetings, more than 1,000 surveys were distributed. Some were returned at the event, some were mailed to the coalition later. Also, the coalition mailed more than 2,000 additional surveys to a number of selected groups (see Appendix D).

The following charts are the results of the responses received from the surveys distributed. Each section has been broken down, as has each question. An estimated 20 percent of those who were contacted responded to the survey. Please see Appendix B for a copy of the survey. For an analysis of the results, please see “Comments and Ideas.”

Media and Public Perception

A-1: Sponsor a media summit with national leaders to focus on the problem.

Survey Options	Importance		Feasibility	
1	35	6%	24	5%
2	31	5%	30	6%
3	31	5%	22	4%
4	30	5%	27	5%
5	108	18%	100	19%
6	43	7%	41	8%
7	63	11%	44	9%
8	79	13%	75	15%
9	30	5%	42	8%
10	145	24%	109	21%
Total responses	595		514	

Figure 17 Media and Public Perception, 1st Question.

A-2: Seek to get local media coverage by localizing data community by community.

Survey Options	Importance		Feasibility	
1	9	1%	3	1%
2	7	1%	7	1%
3	7	1%	10	2%
4	12	2%	13	2%
5	57	9%	71	14%
6	42	7%	43	8%
7	50	8%	66	13%
8	116	19%	108	21%
9	79	13%	55	10%
10	235	38%	149	28%
Total responses	614		525	

Figure 18 Media and Public Perception, 2nd Question.

A-3 Identify or develop Web site to reach kids.

Survey Options	Importance	Feasibility
1	27	4%
2	29	5%
3	28	5%
4	25	4%
5	100	16%
6	50	8%
7	45	7%
8	104	17%
9	39	6%
10	163	27%
Total responses	610	522

Figure 19 Media and Public Perception, 3rd Question.

A-4: Utilize ICN (Iowa Communications Network) to a greater extent.

Survey Options	Importance	Feasibility
1	11	4%
2	11	4%
3	13	5%
4	10	4%
5	38	16%
6	15	6%
7	25	10%
8	50	20%
9	19	8%
10	53	22%
Total responses	245	209

Figure 20 Media and Public Perception, 4th Question.

Parents, Youth, and Schools

B-1: Distribute statewide the booklet, “Marijuana: Facts Parents Need to Know.”

Survey Options	Importance	Feasibility
1	17	3%
2	15	2%
3	19	3%
4	22	4%
5	62	10%
6	55	9%
7	53	9%
8	92	15%
9	58	10%
10	215	35%
Total responses	608	524

Figure 21 Parents, Youth and Schools, 1st Question.

B-2: Develop a model for how community anti-drug teams could work in Iowa schools.

Survey Options	Importance		Feasibility	
1	9	2%	8	2%
2	9	2%	6	1%
3	6	1%	9	2%
4	14	2%	15	3%
5	38	6%	62	12%
6	24	4%	47	9%
7	62	11%	51	10%
8	109	19%	117	23%
9	81	14%	53	11%
10	237	40%	133	27%
Total responses	589		501	

Figure 22 Parents, Youth and Schools, 2nd Question.

B-3: Put drugs on the agendas of meetings with teachers, superintendents.

Survey Options	Importance		Feasibility	
1	11	2%	9	2%
2	13	2%	8	2%
3	7	1%	11	2%
4	8	1%	13	3%
5	53	9%	50	10%
6	27	4%	27	5%
7	53	9%	43	8%
8	100	17%	96	19%
9	69	11%	59	11%
10	264	44%	202	39%
Total responses	605		518	

Figure 23 Parents, Youth and Schools, 3rd Question.

B-4: Use ICN (Iowa Communication Network) to a greater extent to enhance substance abuse curriculum.

Survey Options	Importance		Feasibility	
1	16	3%	12	3%
2	19	4%	10	2%
3	16	3%	8	2%
4	18	3%	9	2%
5	75	14%	66	14%
6	49	9%	38	8%
7	56	10%	44	10%
8	96	18%	87	19%
9	49	9%	56	12%
10	144	27%	127	28%
Total responses	538		457	

Figure 24 Parents, Youth and Schools, 4th Question.

Workplace & Workforce

C-1: Conduct parent training in the workplace with a training video.

Survey Options	Importance		Feasibility	
1	15	3%	21	4%
2	18	3%	28	5%
3	20	3%	19	4%
4	19	3%	32	6%
5	63	11%	86	17%
6	44	7%	65	13%
7	63	11%	51	10%
8	115	19%	77	15%
9	54	9%	43	8%
10	188	31%	88	17%
Total responses		599	510	

Figure 25 Workplace and Workforce, 1st Question.

C-2: Create drug-free workplace models for different sized companies.

Survey Options	Importance		Feasibility	
1	9	2%	11	2%
2	7	1%	12	2%
3	8	1%	22	5%
4	22	4%	30	6%
5	59	10%	75	15%
6	39	7%	66	14%
7	52	9%	47	10%
8	118	20%	94	19%
9	58	10%	33	7%
10	207	36%	96	20%
Total responses		579	486	

Figure 26 Workplace and Workforce, 2nd Question.

Religious, Fraternal & Community

D-1: Distribute talking points for anti-drug sermons and Sunday school curriculum.

Survey Options	Importance		Feasibility	
1	18	3%	13	3%
2	18	3%	10	2%
3	18	3%	14	3%
4	18	3%	18	4%
5	73	13%	63	13%
6	33	6%	33	7%
7	68	12%	54	11%
8	108	19%	89	18%
9	43	7%	43	9%
10	185	32%	166	33%
Total responses		582	503	

Figure 27 Religious, Fraternal, and Community, 1st Question.

D-2: Have Senator Grassley call special meetings with faith groups to enlist their help.

Survey Options	Importance		Feasibility	
1	16	3%	14	3%
2	24	4%	14	3%
3	18	3%	8	2%
4	23	4%	20	4%
5	83	14%	72	15%
6	50	9%	38	8%
7	60	10%	51	10%
8	116	20%	114	23%
9	44	8%	39	8%
10	140	24%	118	24%
Total responses		574	488	

Figure 28 Religious, Fraternal, and Community, 2nd Question.

D-3: Tap Fraternal organizations for their anti-drug programs.

Survey Options	Importance		Feasibility	
1	15	3%	8	2%
2	16	3%	11	2%
3	16	3%	16	3%
4	17	3%	20	4%
5	75	13%	68	14%
6	51	9%	52	11%
7	65	11%	50	10%
8	125	22%	115	24%
9	51	9%	38	8%
10	140	25%	111	23%
Total responses		571	489	

Figure 29 Religious, Fraternal, and Community, 3rd Question.

Law Enforcement & the Courts

E-1: Do an inventory of existing coalitions.

Survey Options	Importance		Feasibility	
1	11	2%	8	2%
2	17	3%	8	2%
3	14	3%	7	1%
4	16	3%	13	3%
5	61	11%	41	9%
6	49	9%	38	8%
7	41	7%	43	9%
8	107	19%	102	21%
9	52	9%	51	11%
10	191	34%	170	35%
Total responses		559	481	

Figure 30 Law Enforcement and the Courts, 1st Question.

E-2: Develop a model for how law enforcement and schools can work together.

Survey Options	Importance		Feasibility	
1	6	1%	6	1%
2	4	1%	3	1%
3	4	1%	5	1%
4	2	0%	8	2%
5	30	5%	33	7%
6	24	4%	44	9%
7	36	6%	57	11%
8	109	19%	97	19%
9	70	12%	56	11%
10	299	51%	194	39%
Total responses		584	503	

Figure 31 Law Enforcement and the Courts, 2nd Question.

E-3: Explore the opportunities for expanding the Iowa Drug Court.

Survey Options	Importance		Feasibility	
1	11	2%	10	2%
2	6	1%	6	1%
3	7	1%	11	3%
4	8	2%	21	5%
5	42	8%	55	13%
6	29	6%	40	9%
7	49	10%	47	11%
8	84	16%	85	20%
9	60	12%	44	10%
10	218	42%	116	27%
Total responses		514	435	

Figure 32 Law Enforcement and the Courts, 3rd Question.

Medical Accuracy & Research

F-1: Urge the Iowa Medical Society to require brain addiction medicine study.

Survey Options	Importance		Feasibility	
1	21	4%	21	5%
2	26	5%	29	6%
3	20	4%	23	5%
4	28	5%	24	5%
5	68	13%	82	18%
6	45	8%	53	12%
7	50	9%	51	11%
8	93	17%	69	15%
9	44	8%	28	6%
10	144	27%	80	17%
Total responses	539		460	

Figure 33 Medical Accuracy and Research, 1st Question.

F-2: Encourage pediatricians to begin parental drug education at well-baby visits.

Survey Options	Importance		Feasibility	
1	11	2%	6	1%
2	12	2%	14	3%
3	16	3%	16	3%
4	23	4%	13	3%
5	41	7%	53	11%
6	35	6%	53	11%
7	33	6%	42	8%
8	104	18%	97	19%
9	73	13%	51	10%
10	235	40%	154	31%
Total responses	583		499	

Figure 34 Medical Accuracy and Research, 2nd Question.

F-3: Collect data and create a benchmark to mark the extent of the problem in Iowa.

Survey Options	Importance		Feasibility	
1	11	2%	5	1%
2	10	2%	9	2%
3	8	1%	17	4%
4	15	3%	19	4%
5	47	8%	49	10%
6	34	6%	44	9%
7	50	9%	48	10%
8	105	19%	108	22%
9	62	11%	50	10%
10	220	39%	133	28%
Total responses	562		482	

Figure 35 Medical Accuracy and Research, 3rd Question.

F-4: Make educational materials available in doctors' offices and clinics.

Survey Options	Importance		Feasibility	
1	12	2%	5	1%
2	12	2%	6	1%
3	15	3%	7	1%
4	16	3%	10	2%
5	38	7%	34	7%
6	33	6%	14	3%
7	35	6%	31	6%
8	97	17%	77	15%
9	54	9%	63	13%
10	271	46%	255	51%
Total responses	583		502	

Figure 36 Medical Accuracy and Research, 4th Question.

F-5: Establish an office where doctors and citizens can get the latest neuroscience information.

Survey Options	Importance		Feasibility	
1	30	5%	25	5%
2	30	5%	26	6%
3	26	5%	27	6%
4	30	5%	34	7%
5	75	14%	73	16%
6	44	8%	56	12%
7	68	12%	46	10%
8	74	14%	66	14%
9	34	6%	23	5%
10	137	25%	90	19%
Total responses	548		466	

Figure 37 Medical Accuracy and Research, 5th Question.

APPENDIX B: SURVEYS

Survey of Task Force Recommendations

Please indicate the feasibility and importance of each of the following recommendations. Scoring range, 1 (low) - 10 (high).

I. Media & Public Perception Chairman, Ralph Brown, Dallas Center Attorney	Importance	Feasibility
• Sponsor a media summit with national leaders to focus on the problem.	_____	_____
• Seek to get local media coverage by localizing data community by community.	_____	_____
• Identify or develop web site to reach kids.	_____	_____
• Utilize ICN to a greater extent.	_____	_____
• Other suggestions: _____		

II. Parents, Youth & Schools Chairman, Jim Smith, ISEA	Importance	Feasibility
• Distribute statewide the booklet, "Marijuana: Facts Parents Need to Know."	_____	_____
• Develop a model for how community anti-drug teams could work in Iowa schools.	_____	_____
• Put drugs on the agendas of meetings with teachers, superintendents.	_____	_____
• Use ICN to a greater extent to enhance substance abuse curriculum.	_____	_____
• Other suggestions: _____		

III. Workplace & Workforce Chairman, Marvin Pomerantz, Mid-America Group Ltd.	Importance	Feasibility
• Conduct parent training in the workplace with a training video.	_____	_____
• Create drug-free workplace models for different sized companies.	_____	_____
• Other suggestions: _____		

IV. Religious, Fraternal & Community Groups Chairman, Dr. Jim Ryan, Ecumenical Ministries	Importance	Feasibility
• Distribute talking points for anti-drug sermons and Sunday School curriculum.	_____	_____
• Have Senator Grassley call special meetings with faith groups to enlist their help.	_____	_____
• Tap Fraternal organizations for their anti-drug programs.	_____	_____
• Other suggestions: _____		

V. Law Enforcement & the Courts Chairman, Lt. Col. Mike Gardner, Iowa National Guard	Importance	Feasibility
• Do an inventory of existing coalitions.	_____	_____
• Develop a model for how law enforcement and schools can work together.	_____	_____
• Explore the opportunities for expanding the Iowa Drug Court.	_____	_____
• Other suggestions: _____		

VI. Medical Accuracy & Research Chairman, Dr. Michael Abrams, Broadlawns	Importance	Feasibility
• Urge the Iowa Medical Society to require brain addiction medicine study.	_____	_____
• Encourage pediatricians to begin parental drug education at well-baby visits.	_____	_____
• Collect data and create a benchmark to mark the extent of the problem in Iowa.	_____	_____
• Make educational materials available in doctors' offices and clinics.	_____	_____
• Establish an office where doctors and citizens can get the latest neuroscience information.	_____	_____
• Other suggestions: _____		

FIT SURVEY OF IOWA MAYORS

JULY 1998

Is there a drug problem in your community? (*Circle one*)

Yes

No

Unsure

Comments: _____

Based on your perception, what is the drug or drugs of choice in your community?

Again, based on your perception, among what age group is the drug problem most prevalent? (*Circle one*)

Ages:	under 12	(elementary)
	13-15	(Junior high)
	16-18	(High school)
	19-29	
	29 and older	

At what age group should prevention efforts be targeted? (*Circle one*)

Ages:	under 12	(elementary)
	13-15	(Junior high)
	16-18	(High school)
	19-29	
	29 and older	

How large is your community? (*Circle one*)

Population:	less than 500
	500-2,000
	2,000-10,000
	10,000-25,000
	25,000-100,000
	Over 100,000

Does your community have an organized anti-drug coalition?

Yes

No

Comments: _____

Would you be interested in organizing one your community?

Yes

No

Comments: _____



APPENDIX C: SUGGESTED RESOURCES

What **Face It Together** is all about is connecting people to one another in the fight against drug addiction. Everyone comes at this issue from a different vantage point of life experiences, but there's a place for everyone who wants to get involved.

To find your place in this fight or a starting point for your community, organization or family, following are several excellent resources to contact:

Community Anti-Drug Coalitions of America	800-54-CADCA	www.CADCA.org
National Families in Action	770-934-6364	www.emory.edu/NFIA
Search Institute	800-888-7828	www.search-institute.org
Bureau of Justice Statistics Clearinghouse	800-732-3277	www.ojp.usdoj.gov/bjs
Public Housing Drug Elimination Programs	800-578-3472	www.hud.gov/pih/programs/pihdrug.html
Drug Policy Information Clearinghouse	800-666-3332	www.ncjrs.org
Office of National Drug Control Policy		www.whitehousedrugpolicy.gov
National Clearinghouse for Alcohol and Drug Information	800-729-6686	www.health.org
National Drug and Alcohol Treatment Routing Service	800-662-4357	www.samhsa.gov/csat/csat.htm
National Institute on Drug Abuse (NIDA)		www.nida.nih.gov
Governor's Alliance on Substance Abuse	515-281-4518	www.state.ia.us/government/gasa/index.html
Alliance for the Mentally Ill	800-417-0417	
Bureau of Narcotics Enforcement	800-532-0052	www.state.ia.us/government/dps/dne/dne.html

For the booklet "What to Do about Teenagers & Drug Abuse: Parents Who Have Been There Offer Help and Hope to Those Who Are There," contact Parents & Adolescents Recovering Together Successfully (PARTS) at FAX number 619/259-2852

Iowa Department of Public Health

IDPH Funded Comprehensive Substance Abuse Prevention Providers

PROGRAM	CITY - PHONE	COUNTIES SERVED
Youth and Shelter Services, Inc.	Ames - (515) 233-3141	Story
Boone County Prevention and Community Services	Boone - (515) 432-7995	Boone
Alcohol & Drug Dependency Services of SE Iowa	Burlington - (319) 753-6567	Des Moines, Henry, Lee, Louisa
Area XII Alcoholism and Drug Treatment Unit	Carroll - (712) 792-1344	Audubon, Carroll, Green, Guthrie, Sac
Area Substance Abuse Council	Cedar Rapids - (319) 390-4611	Benton, Jackson, Jones, Linn Cerro Gordo, Floyd, Franklin
Northern Trails Area Education Agency 2	Clear Lake - (800) 392-6640	Hancock, Mitchell, Winnebago, Worth
New Directions, Inc.	Clinton - (319) 243-2124	Clinton
Loess Hills Area Education Agency	Council Bluffs - (712) 366-0503	Cass, Freemont, Harrison, Mills Page, Pottawattamie Adair, Adams, Clarke, Decatur, Montgomery, Ringgold, Taylor, Union
Green Valley AEA 14	Creston - (800) 362-1864	Scott
Center for Alcohol and Drug Services	Davenport - (319) 322-2667	Allamakee, Delaware, Dubuque
Helping Services for NE Iowa, Inc.	Decorah - (319) 387-1720	Polk
Employee & Family Resources	Des Moines, Iowa - (515) 288-9020	Clayton
Substance Abuse Services for Clayton County, Inc.	Elkader - (319) 245-1546	Calhoun, Hamilton, Humboldt, Pocahontas, Webster, Wright
North Central Alcoholism Research Foundation, Inc.	Ft. Dodge - (515) 576-7261	Dallas, Madison, Marion, Warren Cedar, Iowa, Johnson, Washington
Prevention Concepts	Indianola, - (515) 961-8830	Hardin, Marshall, Poweshiek, Tama
Mid-Eastern Council on Chemical Abuse	Iowa City - (319) 351-4357	
Substance Abuse Treatment of Central Iowa	Marshalltown - (515) 752-5421	
New Horizons Outpatient Substance Abuse Program	Muscatine - (319) 264-9409	Muscatine
Capston Center, Inc.	Newton - (515) 792-4012	Jasper
Southern Iowa Economic Development Association	Ottumwa - (515) 682-8741	Keokuk, Lucas, Mahaska, Monroe, Van Buren, Wapello, Wayne, Jefferson, Appanoose, Davis
Gordon Recovery Centers	Sioux City - (712) 258-3960	Cherokee, Ida, Plymouth, Woodbury, Crawford, Monona, Shelby, Buena Vista, Clay, Dickinson
N.W. Iowa Alcoholism and Drug Treatment Unit, Inc.	Spencer - (712) 336-4560	Emmet, Kossuth, Lyon, O'Brien, Osceola, Palo Alto, Sioux
Pathways Behavioral Services	Waterloo - 235-6571	Black Hawk, Bremer, Buchanan, Butler, Chickasaw, Grundy

ASSESSING HOW TO HELP KIDS

One of the many, many positive connections to come from the process of building the **Face It Together** coalition came during a meeting of the Religious, Fraternal and Community Groups task force when a member shared with the coalition a tool to help communities measure the assets of their young people.

The Search Institute's Forty Developmental Assets identifies the essential building blocks of adolescent development. The institute identifies 40 external and internal "developmental assets that all youth need to grow up healthy, competent, and caring." Research has found that the more assets a young person has, the less likely that child is to use drugs.

Seeking to help communities measure the assets of their youth, a survey is now available by contacting the Search Institute.

40 Developmental Assets

Search Institute has identified the following building blocks of healthy development that help young people grow up healthy, caring, and responsible.

CATEGORY	ASSET NAME AND DEFINITION
EXTERNAL ASSETS	Support <ol style="list-style-type: none"> Family support – Family life provides high levels of love and support. Positive family communications – Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parent(s). Other adult relationships – Young person receives support from three or more nonparent adults. Caring neighborhood – Young person experiences caring neighbors. Caring school climate – School provides a caring, encouraging environment. Parent involvement in schooling – Parent(s) are actively in helping young person succeed in school.
	Empowerment <ol style="list-style-type: none"> Community values youth – Young person perceives that adults in the community value youth. Youth as resources – Young people are given useful roles in the community. Service to others – Young person serves in the community one hour or more per week. Safety – Young person feels safe at home, at school, and in the neighborhood.
	Boundaries & Expectations <ol style="list-style-type: none"> Family boundaries – Family has clear rules and consequences. School boundaries – School provides clear rules and consequences. Neighborhood boundaries – Neighbors take responsibility for monitoring young people's behavior. Adult role models – Parent(s) and other adults model positive, responsible behavior. Positive peer influence – Young person's best friends model responsible behavior. High expectations – Both parent(s) and teachers encourage the young person to do well.
	Constructive Use of Time <ol style="list-style-type: none"> Creative activities – Young person spends three or more hours per week in lessons or practice in music, theater, or other arts. Youth programs – Young person spend spends three or more hours per week in sports, clubs, or organizations at school and/or in the community. Religious community – Young person spends one or more hours per week in activities in a religious institution. Time at home – Young person is out with friends "with nothing special to do" two or fewer nights per week.

(continued)

40 Developmental Assets

(continued)

CATEGORY	ASSET NAME AND DEFINITION
INTERNAL ASSETS	Commitment to Learning <ul style="list-style-type: none"> 21. Achievement motivation – Young person is motivated to do well in school. 22. School engagement – Young person is actively engaged in learning. 23. Homework – Young person reports doing at least one hour of homework every school day. 24. Bonding to school – Young person cares about her or his school. 25. Reading for pleasure – Young person reads for pleasure three or more hours per week.
	Positive Values <ul style="list-style-type: none"> 26. Caring – Young person places high value on helping other people. 27. Equality and social justice – Young person places high value on promoting equality and reducing hunger and poverty. 28. Integrity – Young person acts on convictions and stands up for her or his beliefs. 29. Honesty – Young person “tells the truth even when it is not easy” 30. Responsibility – Young person accepts and takes personal responsibility. 31. Restraint – Young person believes it is important not to be sexually active or to use alcohol or other drugs.
	Social Competencies <ul style="list-style-type: none"> 32. Planning and decision making – Young person knows how to plan ahead and make choices. 33. Interpersonal competence – Young person has empathy, sensitivity, and friendship skills. 34. Cultural competence – Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds. 35. Resistance skills – Young person can resist negative peer pressure and dangerous situations. 36. Peaceful conflict resolution – Young person seeks to resolve conflict nonviolently.
	Positive Identity <ul style="list-style-type: none"> 37. Personal power – Young person feels he or she has control over “things that happen to me.” 38. Self-esteem – Young person reports having a high self-esteem. 39. Sense of purpose – Young person reports that “my life has a purpose.” 40. Positive view of personal future – Young person is optimistic about her or his personal future.

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